



ATTACHMENT ORGANIZATION IN EATING DISORDERS: AN EXPLORATORY ANALYSIS TO THE NARRATIVE CONTENT



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INTRODUCTION:

One of the groups in which attachment processes are of special relevance is **eating disorders**, particularly anorexia nervosa (AN) and bulimia nervosa (BN) (cf. Soares, Dias, Machado & Klein, 2008).

Using measures of adult attachment, research shows that **individuals with eating disorders are more likely to be insecurely attached** (Broberg A., et al., 2001; Orzolek-Kronner C., 2002).

In fact, the Adult Attachment Interview methodology (AAI; Main et al., 1985), not only the **content** but also the **form** of adults’ accounts, provides an important ingredient in shaping the nature of the kinds of **narratives** that occur (Fonagy et al., 1991; Main et al., 1985).

This study aims to explore the specificities of the narrative content of young and adult female participants diagnosed with an eating disorder, considering their attachment organization.

GOAL:

To explore the relation between attachment organization and aspects of the aetiology of eating disorders, through a **qualitative analysis** of the narratives elaborated by 24 female participants.

METHOD:

a. PARTICIPANTS:

24 female patients diagnosed with eating disorders in treatment, aged between **16-29 years** (M= 21.50; SD= 3.587).

ATTACHMENT ORGANIZATION:

SECURE: 8 (33%) DISMISSING: 8 (33%) PREOCCUPIED: 8 (33%)

EATING DISORDERS CLASSIFICATION:

Anorexia Nervosa: 13 (54.2%) (8 restrictive type and 5 bingeing/purging type);

Bulimia Nervosa : 9 (37.5%) (8 purging type and 1 nonpurging type);

Eating disorder not otherwise specified (EDNOS): 2 (8.4%)

Table 1. Characteristics of the participants: attachment organization and eating disorders (N=24)					
SECURE (N=8)		DISMISSING (N=8)		PREOCCUPIED (N=8)	
N (%)		N (%)		N (%)	
AN	3 (37.5%)	AN	5 (62.5%)	AN	5 (62.5%)
BN	4 (40%)	BN	2 (25%)	BN	3 (37.5%)
EDNOS	1 (12.5%)	EDNOS	1 (12.5%)	EDNOS	0 (0%)

DEMOGRAPHIC CHARACTERISTICS:

Single: 21 (87.5%)

Married or living together: 3 (12.5%)

Fairly half of the participants were students (58.3%) and financially dependent on their parents. 20 participants (75%) lived with their parents.

b. INSTRUMENTS:

Adult Attachment Interview (AAI; George, Kaplan & Main, 1985)

This study was focused on a question added by the research team to the AAI, in which the participants were asked if they thought there was a relation between their attachment history and the development of their eating disorder.

Attachment Q-Sort (Kobak, 1993)

Participants were classified in the three main attachment patterns: Secure/autonomous, Dismissing, and Preoccupied.

c. PROCEDURE:

PARTICIPANTS SELECTION:

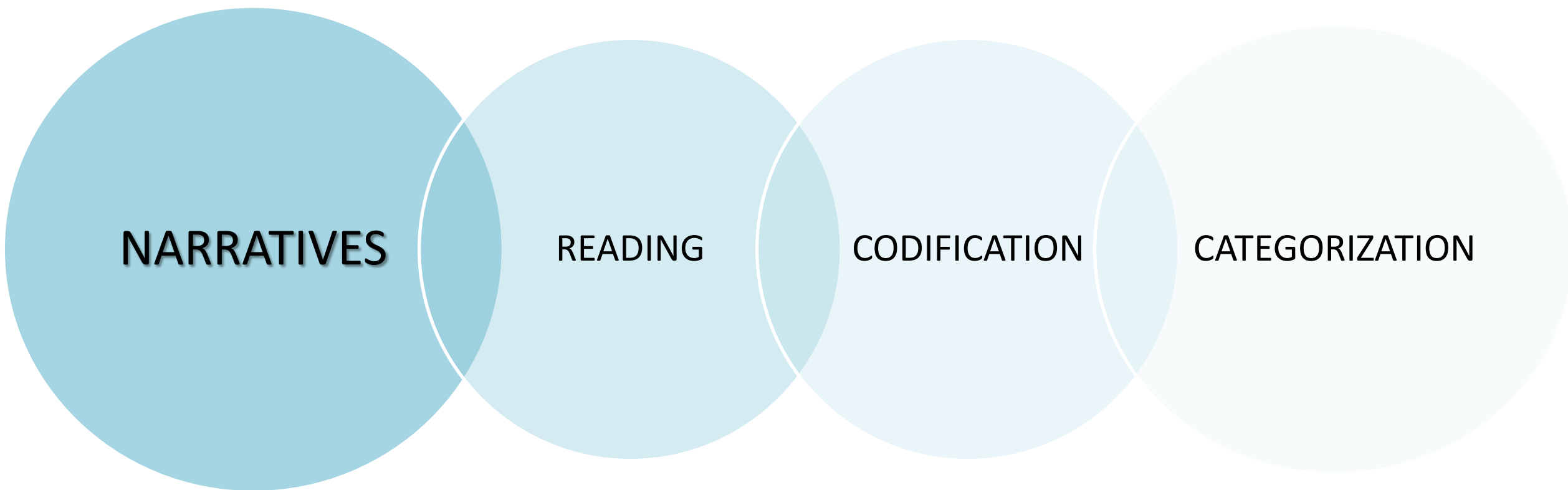
Participants were selected from a sample of a previous study (Dias, 2007).

Previously diagnosed with an **eating disorder (anorexia or bulimia nervosa)**, the participants were sorted as to their attachment organization into the main patterns of **secure, preoccupied** and **dismissive** – 8 secure (S), 8 dismissing (D) and 8 preoccupied (P).

DATA ANALYSIS PROCEDURE:

Based on **Content Analysis** (Bardin, 1977/1995), a *micro* analysis to the narrative content and form of the AAI transcriptions was carried out, focusing on the question added.

CONTENT ANALYSIS:



RESULTS:

- ✓ **3 categories** —————> **CONTENT** (meaning/semantics)
- ✓ **1 category** —————> **FORM AND STRUCTURE** (syntactic, lexical, expressive and coherence)

a. EATING DISORDER AND ASSOCIATED CHARACTERISTICS:

Table 2. Category: Eating disorder and associated characteristics						
SUBCATEGORY		EXAMPLES	S	D	P	TOTAL
Dissatisfaction and preoccupation with body image		“compared with my girlfriends, I always thought that I was the fattest”	1	2	7	10 / 24
Purgative and compensatory methods	Diet and restrictions	“three weeks only eating fruit”	2	1	2	5 / 24
	Throw up (vomit)	“everything that went into my stomach, had to come out”	0	1	1	2 / 24
	Laxatives/ diuretics	“I started going to the pharmacy to buy weight loss pills”	0	0	1	1 / 24
	Binge eating	“sometimes I went hiding to the toilet to eat”	1	0	1	2 / 24
Psychological factors	Depression	“when I arrived home, I didn’t want to talk with anyone”	3	3	3	9 / 24
	Anxiety (somatization)	“I became breathless whenever I was eating”	0	1	0	1 / 24
Social factors	Social pressure	“they didn’t want me to be part of their group”	3	3	2	8 / 24
Physical and biological factors		“it hurt me when I had to sit on hard surfaces.I was always freezing”	1	0	2	3 / 24
Representations and expectations	Positive	“nothing is impossible – there’s always hope”	1	0	0	1 / 24
	Negative	“I think I can’t recover...even if they try to lock me up in a Hospital”	1	0	5	6 / 24

b. EATING DISORDER AND PRECIPITANT SITUATIONS:

Table 3. Category: Eating disorder and precipitant situations						
SUBCATEGORY		EXAMPLES	S	D	P	TOTAL
Family influence	Mother	“my mother was always very inflexible and perfectionist. I think that’s why I have this food problem”	4	0	2	6 / 24
	Father	“when I was a child, my father was always expressing his dissatisfaction with my body appearance – he told me I was very fat”	1	3	0	4 / 24
	Siblings (shaping models)	“I had to compete with my sister, I learnt how to be a bulimic person with her”	1	0	3	4 / 24
	Marital relationship (conflicts)	“with my parents separation, I felt heartbreak and fragile. That fragility remains till now”	0	2	0	2 / 24
	None	“it doesn’t have nothing to do with it”	1	2	2	5/24
Situational influence	Lost	“this disease started when I was 15 years old and my father died”	2	0	0	2 / 24
	Abuse	“with my brother it was really horrible...with my brother-in-law it was bearable”	0	0	1	1 / 24
	Other	“I think the fact that I was vegetarian contributes to my condition”	2	2	0	4 / 24
External influence	Peers	“my friends started annoying me and I became very upset and sad with them”	1	2	0	3 / 24
	Romantic relationships	“the relationship with my ex-boyfriend was completely destructive, that’s why I became depressed and started suffering from this disease”	2	0	2	4 / 24
	Other	“my teacher said that I had a nice body, but it was important if I lost some pounds”	1	0	0	1 / 24
	Self attribution	“this is all because of my way of being”	4	3	2	9 / 24
Internal response	Perfeccionism	“I was very demanding and rigorous with myself...I had to be perfect and achieve everything”	2	0	1	3 / 24

c. EATING DISORDER AND ATTACHMENT REPRESENTATIONS:

Table 4. Category: Eating disorder and attachment representations						
SUBCATEGORY		EXAMPLES	S	D	P	TOTAL
Episodic evidence	Congruent with the global assessment	“I was really shocked when I was a little child, because I saw two TV programs about bees, and my father knew that I had this mania about bees. I was really concerned to swallow a bee every time I ate”	2	4	5	11 / 24
	Incongruent with the global assessment	“my mother was always very protective (...) I was more of a mother than my mum, I was really protective”	1	2	1	4 / 24
Parental support perception	Negative	“there weren’t any rules in my education, I missed references and structure at our home”	3	2	3	8 / 24
Role reversal		“I felt like a mother; after they were fighting, my mother didn’t want to talk with anyone...and I, of course, was always trying to protect my sisters of this home environment”	1	1	0	2 / 24
Incentive to achievement		“I was always skipping the meals so I could have more time to study, study, study, I just wanted to please my parents”	2	0	1	3 / 24

d. DISCOURSE ANALYSIS: SYNTACTIC, LEXICAL, EXPRESSIVE AND COHERENCE:

Table 5. Category: Discourse Analysis: syntactic, lexical, expressive and coherence						
SUBCATEGORY		EXAMPLES	S	D	P	TOTAL
Recurring words and expressions	Negative affect	Sad/sadness; frustrated; alone	13	24	25	62
	Instrumental expressions	I don’t know; maybe; whatever	36	33	48	83
Paralinguistic informations	Silences / breaks / hesitations	“I don’t know...(15 seconds silence)”;; “maybe that situation had some influence on, on..., on...(hesitation) on me”	12	22	24	58
Style	Figures of speech	metaphors; personifications	1	4	6	11
	Use of diminutives	Little girl; chubby	4	11	11	26
Coherence	Omissions	“my problem is all about food, maybe the fact...(omits the idea) I don’t know, I think it wasn’t so negative”	16	12	26	54
	Interruptions	“each day is an adventure, I hope...(stops the speech)”	4	11	17	32

DISCUSSION & CONCLUSIONS:

- The **secure** participants had consistently reported internal representations of **dissatisfaction of the body image**;
 - Psychological factors as **depression** were proportionally evidenced by all of attachment organizations;
 - The **maternal figure** was considered by half of the **secure** participants as the precipitant for the development of their eating disorder; the other half attributes to their own self;
 - **Negative parental support** was transmitted by all attachment patterns;
 - In the discourse analysis, significant relationships were found particularly in the **preoccupied** pattern which support the typical characteristics of the narratives of this insecure attachment organization.
- It will be interesting to further investigate the narrative content of disorganized participants diagnosed with an eating disorder, whereas this attachment organization reflects clear discursive manifestations.**